

Bureau of Health Care Quality & Compliance

Acceptance POC 7/2/09 DBague

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVN345AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/02/2009
NAME OF PROVIDER OR SUPPLIER RIVERHAVEN RESIDENTIAL CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 727 RIVERSIDE DR RENO, NV 89503		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	<p>Initial Comments</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on 6/2/09. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.</p> <p>The facility is licensed for 35 Residential Facility for Group beds for elderly and disabled persons and/or persons with mental illness. The census at the time of the survey was 18. Ten resident files were reviewed and six employee files were reviewed. One discharged resident file was reviewed. The facility received a grade of B.</p> <p>The following deficiencies were identified:</p>	Y 000	<p style="text-align: center;">RECEIVED</p> <p style="text-align: center;">JUN 23 2009</p> <p style="text-align: center;">BUREAU OF LICENSURE AND CERTIFICATION CARSON CITY, NEVADA</p>	
Y 103 SS=F	<p>449.200(1)(d) Personnel File - NAC 441A</p> <p>NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (d) The health certificates required pursuant to chapter 441A of NAC for the employee.</p> <p>This Regulation is not met as evidenced by: Based on record review on 6/2/09, the facility</p>	Y 103		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

Jan Belmonte Florian
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

partner administrator
TITLE

(X6) DATE
6/18/09

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Y 103	Continued From page 1 failed to ensure 1 of 6 employees completed an initial two-step tuberculosis (TB) test (Employee # 3 ²) for the protection of all residents. Severity: 2 Scope: 3	Y 103	Y103-Employee # 3 ² was working in health care when she was hired by River haven , and had previously had a two step TB test, so it was thought that she did not need another one. However, she did receive another TB test after this survey, the results of which are attached. Tag #1. All new employees will in the future be required to obtain a two step TB test, unless they are able to document previous two step results. Responsibility: The administrator.	OK DB
Y 255 SS=F	449.217(6)(a)(b) Permits - Comply with NAC 446 NAC 449.217 6. A residential facility with more than 10 residents must: (a) Comply with the standards prescribed in chapter 446 of NAC. (b) Obtain the necessary permits from the Bureau of Health Protection Services of the Division. This Regulation is not met as evidenced by: Based on observation, interview and record review on 6/2/09, the facility failed to ensure the kitchen complied with the standards of NAC 446: - Containers of potentially hazardous foods including potato salad, sour cream and cottage cheese, were opened and undated. - Food stored in the basement was not at least 6 inches off the floor. - Kitchen cabinets had exposed bare wood and white cabinet doors that were damaged creating a porous surface that could not be adequately	Y 255		

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Y 255	Continued From page 2 cleaned. - Spills in the refrigerator needed to be cleaned. - Household kitchen equipment (Cuisinart, toasters, etc.) did not meet commercial NSF code and must be removed or replaced. - The dishwasher machine was not operating properly, use the three compartment sink until it is repaired. Severity: 2 Scope: 3	Y 255	Y255-Household kitchen equipment which was not commercial has been removed from the kitchen and a new commercial toaster and mixer have been purchased. Tag #3 The dishwasher was repaired the day after the survey. Tag #4	
Y 532 SS=C	449.260(1)(g)(1)(2) Activities for Residents NAC 449.260 1. The caregivers employed by a residential facility shall: (g) Post, in a common area of the facility, a calendar of activities for each month that notifies residents of the major activities that will occur in the facility. The calendar must be: (1) Prepared at least a month in advance. (2) Kept on file at the facility for not less than 6 months after it expires. This Regulation is not met as evidenced by: Based on observation and interview on 6/2/09, the administrator had not posted a monthly calendar listing at least 10 hours a week of activities that would occur in the facility. Severity: 1 Scope: 3	Y 532	Employee #5 is responsible for the cleanliness of the kitchen and refrigerator. Administrator will monitor closely. Y532-Employee #2 has been appointed as the new activities director. She has already surveyed the residents and made a list of games and activities in which they are interested. Activities will include prizes and treats which she will attempt to have donated to the facility or the facility will purchase. Also, employee #2 will accompany residents to activities that are held in Wingfield Park or other nearby venues when there is employee interest in events.	
Y 883 SS=D	449.2742(7) Medication / Resident Refusal NAC 449.2742	Y 883	Completion: 8/09 Responsibility: Employee #2.	

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Y 883	Continued From page 3 7. If a resident refuses, or otherwise misses, and administration of medication, a physician must be notified within 12 hours after the dose is refused or missed. This Regulation is not met as evidenced by: Based on interview and record review on 6/2/09, the facility did not ensure physician notification after a resident refused or missed a medication was made within 12 hours for 1 of 10 residents (Resident #9). Severity: 2 Scope: 1	Y 883	Y883-Since the survey, all missed or refused medication has been immediately reported to the residents' physician, to the point that the physicians have been calling Riverhaven to question this practice. It has been explained to them that this is a requirement of The Bureau. Employees # 3 and 6 are checking each other to make sure all faxes are sent on a timely basis. Responsibility: Employee #3.	OK Daf

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